## 118000014902

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (220,000 2,000)                         |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO:                         | Registration S<br>Division of Co |   |   |  |
|-----------------------------|----------------------------------|---|---|--|
| SUBJE                       |                                  | CONSTRUCTION LLC  |   |  |
| SUBJE                       | CI;                              | Name of Lim   | ited Liability Company  |  |
|                             |                                  | f Amendment and fee(s) are sub ondence concerning this matter | -   |  |
|                             |                                  | JORGE EDUARDO GAR   | CIA ROMERO  |  |
|                             |                                  |   | Name of Person  |  |
|                             |                                  |   | Firm/Company  |  |
|                             |                                  | 13403 FAIRWAY GLEN  | APT 203   |  |
|                             |                                  |   | Address   | <del></del>  |
|                             |                                  | ORLANDO, FL 32824   |   |  |
|                             |                                  | EDUARDO GROI@HOTM   | City/State and Zip Code   |  |
|                             |                                  | <del>-</del>  | to be used for future annual report notifi                          | cation)  |
| For furt                    | her information                  | concerning this matter, please co                             | all:  |  |
| JORGE EDUARDO GARCIA ROMERO |                                  | ARCIA ROMERO  | 407 269-9134<br>at ()   |  |
|                             | Name                             | of Person   | Area Code Daytime   | Telephone Number   |
| Enclose                     | d is a check for                 | the following amount:   |   |  |
| <b>■</b> \$25               | .00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status               | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                             |                                  |   |   |  |

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COLMEX CONSTRUCTION LLC   |   |                          |
|---|---|--------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | oany as it now appears on our records.)<br>I Liability Company) |                          |
| The Articles of Organization for this Limited Liability Compan Florida document number                                  | y were filed on <u>02/19/2018</u>                               | and assigned             |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limited lia  | bility company here:  |                          |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC" or t                     | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | TASE SE                  |
| (Principal office address MUST BE A STREET ADDRESS)   |   | S FE ARE                 |
|   |   |                          |
|   |   | P P SE F P               |
| Enter new mailing address, if applicable:   | -   |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | 7: 1 OR                  |
|   | · · · · · · · · · · · · · · · · · · ·                           | 0 0                      |
| B. If amending the registered agent and/or registered e<br>registered agent and/or the new registered office address he | ·   | ter the name of the ne   |
| Name of New Registered Agent:   | A 10 TOTAL  |                          |
| New Registered Office Address:  | Enter Florida street address                                    |                          |
|   | Enter r toriaa street address                                   |                          |
| <del> </del>  | , Florida   | Zip Code                 |
|   | CIIV  | Lip Chuc                 |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                   | Address                  | Type of Action |
|--------------|-------------------------------|--------------------------|----------------|
| MGR          | David Jhonatan Vazquez Burelo | 5051 PICADILLY CIRCUS CT |                |
|              |                               | ORLANDO, FL 32839        | Remove         |
|              |                               |                          | Change         |
|              |                               |                          | ☐ Add          |
|              |                               |                          | Remove         |
|              |                               |                          | Change         |
|              |                               |                          | Add            |
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| ffective         | date, if other than th                        | e date of filin                | 02/19/2018           |                      | (option                   | al)                     |         |
| an effect        | ive date is listed, the date m                | ust be specific and            | d cannot be prior to |                      | re than 90 days after fil | ing.) Pursuant to 605.0 |         |
|                  | the date inserted in this the tast on the     |                                |                      | ole statutory filing | requirements, this d      | ate will not be listed  | ı as tı |
|                  |   |                                |                      |                      |                           |                         |         |
| e recor<br>The 9 | rd specifies a delaye<br>Oth day after the re | ed effective of cord is filed. | date, but not        | an effective ti      | me, at 12:01 a.n          | n. on the earlier       | r of:   |
| ated             | BRUARY 19                                     |                                | , 2018               | _•                   |                           |                         |         |
|                  |   |                                |                      |                      | of a member               |                         |         |

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Typed or printed name of signee

Filing Fee: \$25.00